

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

\* 98-155  
Classic Communications, Inc.  
P.O. Box 1600  
Woodward, OK 73802

2. Article Number (Copy from service label)

0023 0771 5949

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

8/19/02

C. Signature

X Sherrill House

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DOCKET NO. 98-155

CERTIFIED

MAIL

RETURN

RECEIPT

FCC-REQUESTED

NAME: Classic Communications, Inc.

P.O. Box 1600

Woodward, OK 73802

ORDER DATED

7-31-02

RECEIVED

AUG 13 2002

MIMEOGRAPH NO.

## U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Name (Please Print Clearly) (to be completed by mailer)

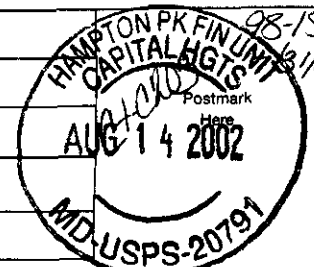
Classic Communications, Inc.

Street, Apt. No., or PO Box No.

P.O. Box 1600

City, State, ZIP+4

Woodward, OK 73802



7000 0600 0023 0771 5949